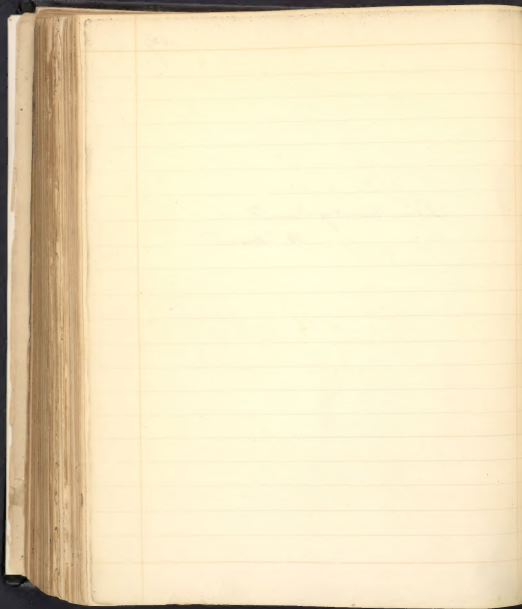


1827

John Remitting Bank,  
W. Bonner



Deposited March 3<sup>d</sup> 1827

W. L. H.

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Thesis

on

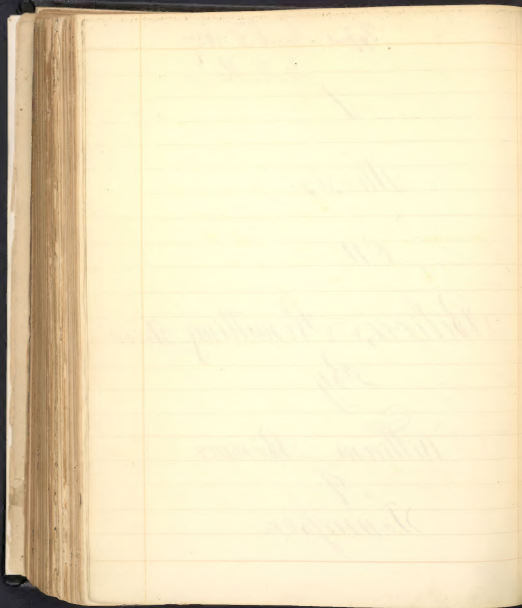
Bilious Remitting Fever

By

William Renner

of

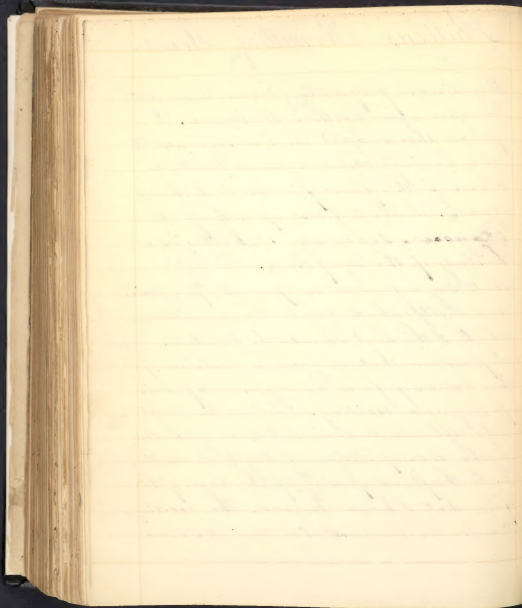
Tennessee.



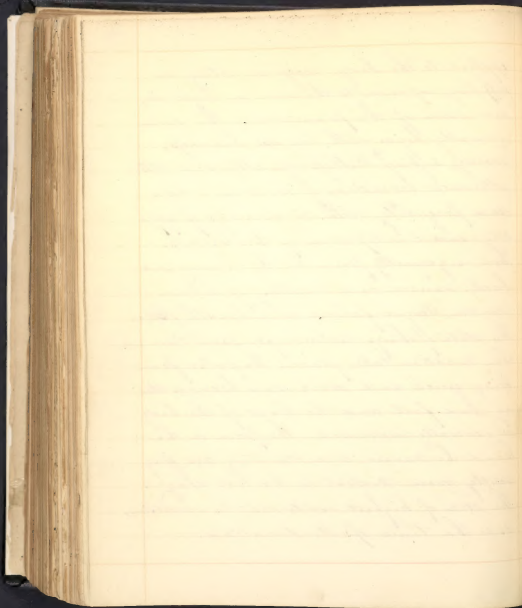
## Bilious Remitting Fever.

This disease frequently prevails in West Tennessee and North Alabama. I prefer this subject in consequence of my having observed and treated Cases of this fever for the last three years. I shall first speak of the ~~Causes~~, secondly I shall give a history of the symptoms; thirdly I shall say a few words upon the prognosis; and lastly I shall relate the manner in which I think it should be treated.

I presume that as good a division of the Causes of fever as any, is into predisposing and exciting. I believe that Vegetable effluvia or some substance generated by the decomposition of Vegetable matter, to be the predisposing <sup>being</sup> of the Cases of this fever that I have observed. The exciting Causes are numerous Cold and Moisture



applied to the body, except in eating or  
 drinking, exposure to the sun or night air,  
 are some of the prominent. This disease  
 generally begins with languor, heaviness,  
 anxiety, sighing & listlessness, attended with  
 alternate sensations of heat and cold  
 and frequently with rigors, loss of appe-  
 tite and Constipation of the bowels.  
 There is generally pain in the head and  
 back, nausea and Vomiting of bilious  
 matter, Tongue furred and breath fetid.  
 This state of things continues for some time and  
 then reaction takes place. The pulse from  
 being quick and weak now becomes stan-  
 ding and full and the heat of the body  
 is generally increased. The pain in the  
 head the nausea and Vomiting are fre-  
 quently more violent in the hot stage.  
 The state of highest excitement is uncertain,  
 as to the time of its duration.

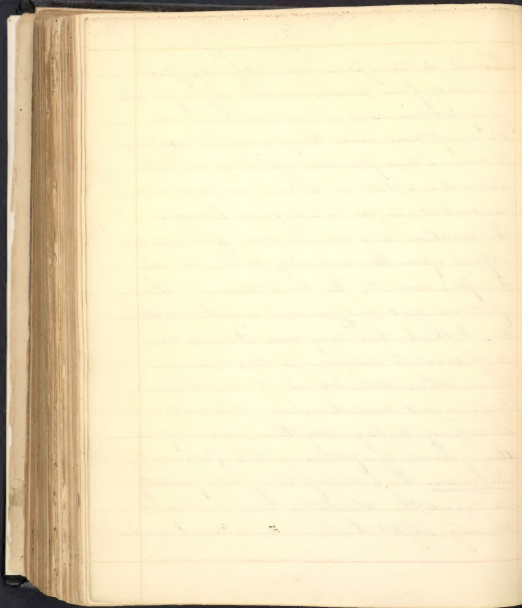




Though a Remission generally takes place in twenty four hours, marked by a partial perspiration and a mitigation of all the symptoms and the Paroxysm again recurs. Some persons affected with this fever have two or three Remissions and exacerbations, in twenty four hours.

The duration and termination of this disease, depend upon the intensity of the causes that produce it, the Constitution of the patient and the remedial agents resorted to. I think that <sup>the</sup> symptoms stated, are sufficient to distinguish this disease from others with which it might be confounded and therefore, it is not necessary to say anything more upon the general symptoms of this fever.

Prognosis. The hot stage being only partially developed; the extremities being cool and clammy, whilst the head and trunk are hot,



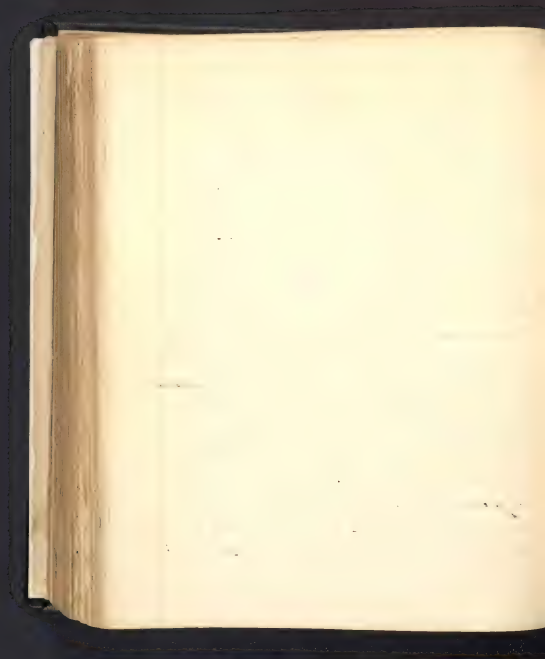
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~~in the~~ <sup>upper</sup> ~~part~~ <sup>of the</sup> ~~stomach~~ <sup>stomach</sup>, ~~great~~ <sup>great</sup> irrita-  
bility of the stomach, yellowness of the skin,  
and irregular pulse, are also unfavour-  
able appearances. Stupor, stercoris,  
hiccuping, a dark green fur upon the  
tongue and an involuntary discharge  
of urine and faeces are generally fatal  
symptoms. The favourable symptoms are  
here much the reverse of those stated  
above. The tongue becoming clean  
and moist, the urine discharges more  
natural, the skin perspirable and of  
the natural temperature are considered  
as quite favourable appearances.  
Treatment - Venesection is a remedy, that  
could not well be dispensed with in  
the treatment of this fever. In the early  
stages of these cases, marked by great  
excitement, attended with a strong,  
and full pulse; Venesection if



employed at the height of the hot stage  
will frequently reduce the intolerable  
heat of the system and relieve the  
violent pain in the head. It belie-  
ves that when venesection is resorted  
to in such cases, it should be done  
with a view of making an impression  
upon the system, without any regard  
to quantity; or in other words, that the  
blood should continue to flow until  
syncope is produced. Emetics are gen-  
erally useful in this fever. Doct<sup>r</sup>son  
Chapman says, that they not only  
change the vitiated bile from the  
stomach, but that the powerful impres-  
sion that they make upon that organ,  
the diseased associations that are  
going on throughout the whole system are  
subverted; and he further states, that  
they determine to the surface of the body;

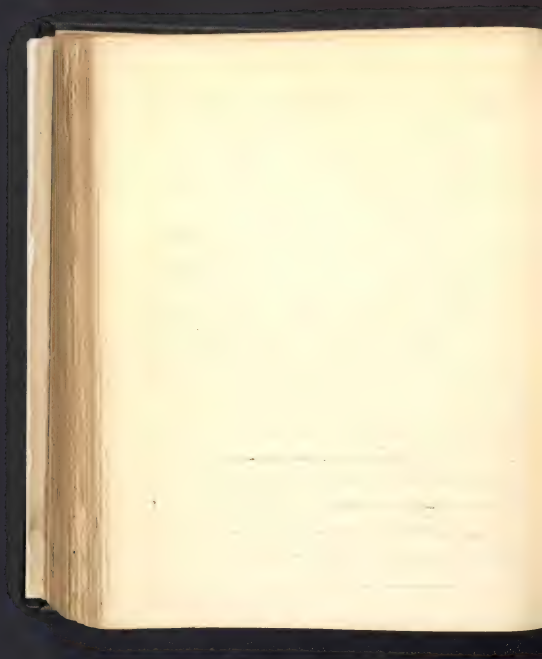
~~merge the library~~

emulge the biliary ducts, and by that means, relieve the congestion of the portal system." Emetics must not be given in cases where the stomach is inflamed. Tartar emetic and Sp. colocantha are preferable to any others in the treatment of this disease. It is in the early stage of fever that emetics are generally used, with the best effect. They are generally not admissible in cases attended with great irritability of the stomach. The irritated secretion of the bowels, together with their irritated condition, strongly indicate the use of purgative medicines. Purgings discharge the diseased <sup>matter</sup> of alimentary canal, and causes the bowels from their torpid state. The intestinal and biliary secretions are promoted and changed to a healthy state by a





proper exhibition of purgative medicines  
which is always desirable in the treat-  
ment of this fever. I know that there  
are Physicians, very much opposed to  
the use of purgative medicines in the  
treatment of fever, particularly  
those of a drastic kind. They say, that  
active purging will confirm or fix per-  
manently in the mucous coat of the  
stomach and bowels, that inflammation  
which they <sup>say</sup> is the cause of the fever.  
I am convinced, that however plausible  
this doctrine may be, that it is not  
confirmed by experience. I am in-  
formed of attempting to arrest fever  
as early as possible. To produce that  
effect, I believe that purgative medicines  
should be prescribed and those not  
always of the mildest kind. Calomel  
may be given in large doses and

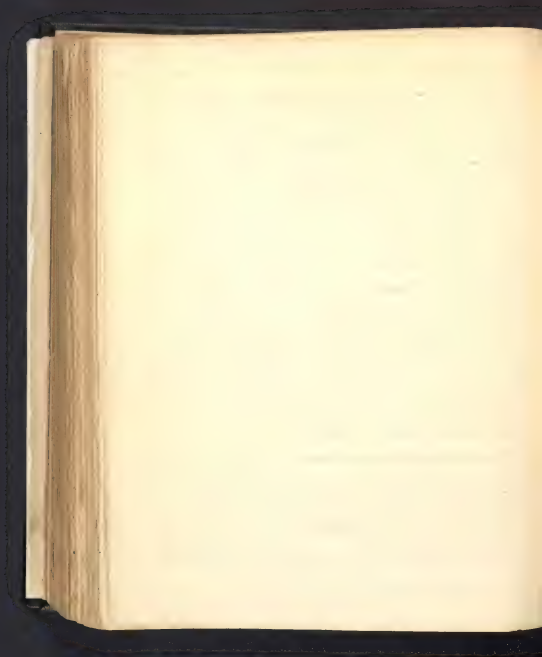


repeated according to circumstances  
with an excellent effect. Though the  
stomach may be quite irritable, large  
doses of castor oil has a tendency  
to abate that state. The exhibition of  
Calomel should be accompanied or  
succeeded by some purgative medicine,  
which will cause it to act freely.  
In some cases, it is best not to cause  
the Calomel to be purged off very soon,  
by giving other purgative medicines.  
If the fever continues after the bowels  
have been thoroughly evacuated, I am  
in favour of Doctor Chapman's  
practice of giving Calomel in small  
doses, to be repeated very soon or  
twice; and in some cases, at longer  
intervals. After the exhibition of a  
number of these doses, Castor oil should  
be given; which generally produces

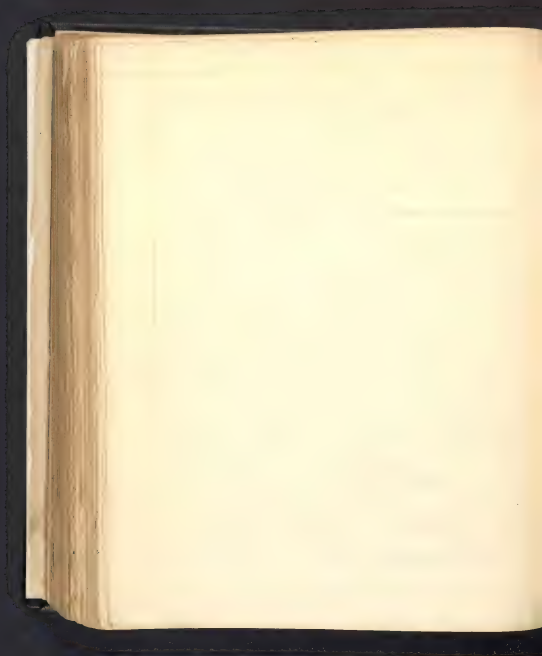


dark stools, attended with certain  
benefit to the patient. We should  
be guided in the exhibition of purgative  
medicines <sup>much</sup> by the appearance of  
the tongue and the colour of the excre-  
tions from the bowels. They should  
generally be repeated until the tongue  
begins to assume a healthy aspect and  
the stools lose their bilious appearance.

By the use of purgative medicines, a  
free discharge should be kept up from  
the bowels in the early stages of this fever.  
The neutral salts have a very good effect,  
after the alimentary canal has been  
well evacuated with calomel and  
jalap. In consequence of their cooling  
property, they are very beneficial in  
the treatment of this disease. Epsom  
salts combined with small doses of  
tartar emetic, have a very good effect



in this fever. The great irritability of the stomach, which sometimes exists in this disease, will demand particular attention. The medicines that should be given in such cases will depend upon circumstances. If the affection of the stomach is produced by bilious matter, the medicines already spoken of, will <sup>be</sup> indicated; but if it depend upon some other cause and we consider it not safe to give those medicines. Some mild drink may be given such as lemon acid and water. The citrate of potash or ammoniac may be given and the same time a blister blaster should be applied to the epigastric region. Topical bleeding by leeches, and cups to the epigastric region have a good <sup>effect</sup> in such cases. Injections are frequently useful in this disease.

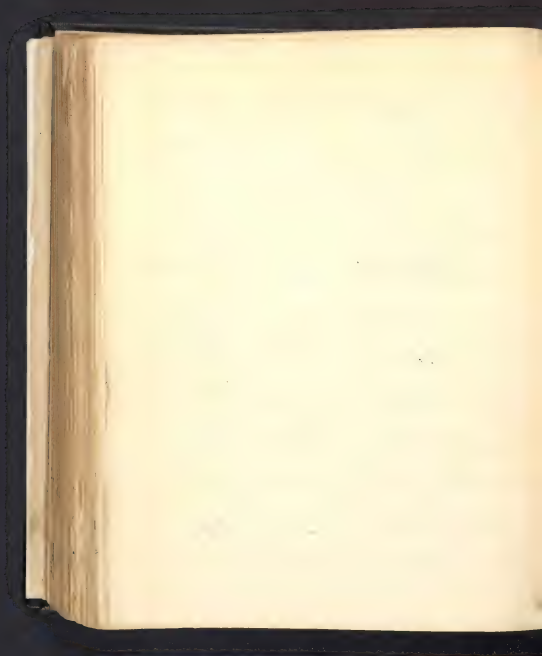




Diaphoretics are useful as collateral means, in the treatment of this fever. When given, they should be of the cooling kind. The acetate of potash and the citrate of ammonia, may be given with a good effect. The spirits of nitre may be given, in cold water. Tartar emetic alone, or combined with nitrate of potash is a very good diaphoretic; and is frequently given with success in this fever. The use of diaphoretics should be preceded by evacuations from the alimentary canal. Sponging the surface with cold water or vinegar, and water, when applied at the height of the hot stage, will frequently reduce the preternatural heat and bring on a gentle perspiration. Blisters are among our most important remedies in the treatment of this fever.



By the impression that they make upon the skin, a determination of blood to the part takes place, and the loss of balance in circulation and excitability is restored: which restoration is always necessary to the cure of fever. The time of their application, is after evacuations have been produced and the extremities are much cooler than the head and trunk. Tonics and stimuli are only admissible in the ultimate stages of this fever. After the depleting plan has been continued as long as the symptoms will justify it, and the disease continues, attended with great debility: Wine and the Carbonate or ammonia may be given: but this and every plan of treatment frequently fails in such cases. In some persons after the system is depleted considerably,



This disease assumes the intermittent  
 type. In such cases, the Peruvian bark  
 may be given, with benefit. A state  
 of Rest should be prescribed and an  
 abstraction of every thing that has a tend-  
 ency to increase the febrile movement  
 of the system. Persons affected with fever,  
 may be permitted to drink freely of Cold  
 Water, with the addition of Citric acid  
 or Vinegar. Nourishment or diet  
 should be very sparingly given and of  
 the least stimulating kind; such as barley  
 Water. In a state of Convalescence, the  
 diet may be nourishing, but light and  
 digestible; and should be taken in  
 small quantities at a time. When  
 a patient has sufficiently recovered, to be  
 able to take exercise in the open air; he  
 may be permitted to do so with advantage.

